

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 27408  
Registrar's No. 3066

FILED SEP 12 1941

Primary Registration District No. 10-2

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Home - 110 W. 65th Terr  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Life (Specify whether)  
In this community Life years, months or days

3. (a) PRINT FULL NAME William Albert Sands.

3. (b) If veteran, name war — 3. (c) Social Security No. None.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Helen 6. (c) Age of husband or wife if alive 25 years  
7. Birth date of deceased 12 (Month) 25 (Day) 1863 (Year)

8. AGE: Years Months Days If less than one day  
77 7 18 hr. min.

9. Birthplace Kansas City, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Florist

11. Industry or business

MOTHER FATHER { 12. Name Unknown  
13. Birthplace Unknown (City, town, or county) (State or foreign country)  
14. Maiden name Unknown Jennie Sands  
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant John V. Sands.  
(b) Address 110 West 56th Terrace.

17. (a) Burial (b) Date thereof 8-15-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Mary's

18. (a) Signature of funeral director E. Benjamin East  
(b) Address Platte City, Missouri

19. (a) 8/14/41 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City, Missouri  
(If outside city or town limits, write "RURAL")  
(d) Street No. 110 West 65th Terrace.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8th day 13  
year 1941 hour 1:30 AM. minute — M.

21. I hereby certify that I attended the deceased from 8/13 1941  
to Aug 13 1941

that I last saw him alive on Aug 13 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Exhaustion

Due to Carcinoma of Stomach

Due to H&B

Other conditions H&B  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations —

Of autopsy —

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State) —

(d) Did injury occur in or about home, on farm, in industrial place, in public place? —

While at work? (Specify type of place) (e) Means of injury —

23. Signature H. M. Brown (M. D. or other) —

Address 10226th Date signed 8/14/41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

E. Benjamin Cart, Registered Apprentice No. ....  
working under my personal supervision.

Signed

E. Benjamin Cart

Licensed Embalmer No. 4059

P. O. Address Platte City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.